

Applicant Name: \_\_\_\_\_

**The Medicaid coverage you will receive is temporary, unless you take action. To find out if you can stay eligible after your temporary coverage ends, you must apply for Medicaid benefits as soon as possible.**

*The hospital will assist you with completing a GEN 50C application and forward it to the Division of Public Assistance.*

Your request for temporary Medicaid coverage was received on \_\_\_\_\_. Your temporary Medicaid coverage begins on the date your request was approved. Coverage begins \_\_\_\_\_ and will end no later than \_\_\_\_\_.

If a completed application for Medicaid is not submitted to DPA during this temporary eligibility period, your coverage will end on \_\_\_\_\_. If you are determined ineligible for ongoing Medicaid benefits, your temporary coverage will end the date that determination was made.

The following individual(s) are eligible for temporary Medicaid:

\_\_\_\_\_  
\_\_\_\_\_

You will get a Medicaid coupon in the mail for each person listed above. Show the coupon to your medical providers so that they can make a copy of it for their records. You can call the Recipient Helpline at 1-800-780-9972 for questions about covered Alaska Medicaid services.

Your request for temporary Medicaid benefits received on \_\_\_\_\_ is denied.

The following individual(s) are not eligible for temporary Medicaid:

\_\_\_\_\_  
\_\_\_\_\_

Denial Reason:

\_\_\_\_\_

Presumptive eligibility determinations are final. There is no right to appeal a presumptive eligibility determination. If you submit a full application for Medicaid to the Division of Public Assistance (DPA), the Division may decide that you are eligible for Medicaid benefits.

*This is supported by Medical Assistance Manual Section 5735 and Federal Medicaid Regulations at 42 CFR 435.1110.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Hospital Representative Name and Title: \_\_\_\_\_

Hospital Representative Contact Information: \_\_\_\_\_